

and one 500 mg. No further improvement was apparent after 14 days. These two men and four of the remaining six treated with ceftriaxone 500 mg in whom no further response was observed after 14 days were deemed treatment failures and started on co-trimoxazole with good effect. Two men seen after 7 days in whom no Donovan bodies were detected defaulted from further follow-up.

Ceftriaxone is a useful drug in the treatment of sexually transmitted disease in the developing world and has proven efficacy against penicillinase producing *Neisseria gonorrhoeae*, chancroid and syphilis.<sup>6</sup> In the single doses used here, ceftriaxone did not achieve a cure for donovanosis although the initial improvements observed suggest that increased doses at more frequent intervals could be effective.

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### Molluscum contagiosum: possible culture misdiagnosis as herpes simplex

The diagnosis of molluscum con-

tagiosum is usually easily made by observation of the waxy umbilicated lesions. The classical central punctum may be more easily seen during thawing following liquid nitrogen application. However, the lesions may sometimes be atypical and difficult to distinguish from warts or other skin and mucosal lesions. Tiny or ulcerated molluscum lesions may mimic herpes simplex.

Molluscum contagiosum virus (MCV) can cause a cytopathic effect (CPE) in some tissue culture lines,<sup>1</sup> although this is not widely known (and indeed was not initially known to us). In our laboratory we have observed that MCV can cause a CPE in both MRC5 and monkey kidney cells; both cell lines are used in the isolation of herpes simplex virus (HSV). The CPE of MCV disappears with first passage but that of HSV evolves more rapidly and can be passaged. HSV type 2 generally produces more marked ballooning of cells when compared with HSV type 1 and MCV. Our laboratory does not routinely perform serial passage, immunofluorescence (IF) or electron microscopy (EM) on specimens causing a herpes-like CPE.

In an attempt to determine how often MCV produced a CPE we swabbed classical molluscum lesions over a 3 year period. Swabs were sent to the laboratory in transport medium requesting herpes virus culture. The specimens were inoculated onto tissue culture, the laboratory worker being unaware of the diagnosis. Nine of 19 swabs yielded a CPE and were reported as "herpes simplex virus isolated".

We present a case history to illustrate how misdiagnosis might arise from swabbing atypical lesions.

A 22 year old female with no past history of genital herpes or molluscum presented with a slightly tender vulval lesion of two weeks duration. On examination an indurated crusted lesion 0.5 cm in diameter was present on the left labium majus. A swab was taken for herpes culture. The laboratory reported the isolation of herpes simplex virus from observation of a CPE but did not perform confirmatory tests on the cytopathic agent. The aetiological agent of the lesion in this patient may have been MCV or HSV.

It is important that misdiagnosis between HSV and MCV is not made. It has been suggested previously that specimens producing a CPE that will

not serially passage should be submitted for further confirmatory tests.<sup>2</sup> In our laboratory resources are limited and therefore it is important that the clinician states on the request form whether the appearance of a lesion is atypical so that the laboratory can selectively investigate further any CPE to confirm or refute HSV. This should avoid potentially serious misdiagnosis.

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### Syphilis and the elderly

A 91 year old man, veteran of the two world wars, wanted to emigrate to join his daughter when routine serological tests for syphilis showed the following results: VDRL—positive; TPHA—positive and FTA—positive. To avoid any question of human error repeat blood tests on a fresh sample produced identical results, which were subsequently confirmed by the Reference Laboratory.

After the death of his first wife nearly fifty years ago he remarried. During counselling he denied being sexually promiscuous or having any homosexual tendency in the past. Full physical examination and other pathology tests revealed no other abnormality. The patient was not demented and in view of his age and his desire to leave the country as soon as possible, no lumbar puncture was done to analyse his CSF. After completing a course of procaine penicillin therapy as advised by the